DEPART CENTE	TMENT OF HEALTH	AND HUMAN SERVICES & MEDICAID SERVICES	45	€ 613115	FORM	: 04/30/2015 APPROVED
STATEMENT	OF DEFICIENCIES OF GORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DAT	0938-0391 ESURVEY IPLETED
NAME OF	PROVIDER OR SUPPLIER	445408	B. WING	OTTERT ADDRESS ON A SAME		27/2015
	DAISY HEALTH CARE	CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379		
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIES OF THE PROPRIES OF THE APPROPRIES OF T	ULD BE	COMPLETION DATE
SS=D	Illumination of mea discharge, is arrang lighting fixture (bulk darkness. (This do lighting in accordant the STANDARD Is Based on observation general lighting and provided for all exit. The findings include Observation on 4/2 general and emerging provided for the exit department. This finding was verthe administrator do conference on 4/27 NFPA 101 LIFE SAI A fire alarm system installed, tested, an with NFPA 70 Natio 72. The system has and testing program	e: 7/15 at 8:45 AM revealed no pucy-power-egress-lighting-is- t discharge from the therapy rified and acknowledged by uring the survey and exit	K 045	1.) The Director of Maintenar contacted Direct Supply May 2015, to obtain quotes on light fixtures needed to light the eg sited. Light fixtures were inst on May 22nd, 2015. 2.) The Maintenance Director audited the entire facility for proper compliance in regards proper illumination of means egress on April 28th, 2015. 3.) The Maintenance Director in-serviced by the administrat proper illumination of egress April 28, 2015. The prevental maintenance program will incompliant to ensure that it is in compliant 4.) Audits of the preventative maintenance program, which include the assessment of the illumination of means of egrest	2, t ress talled to of was or on tive lude hting	
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	IATURE	TITLE		(Y6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegdards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date those desuments are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued

DEPART	MENT OF HEALTH A	ND.HUMAN.SERVICES.	·		PRINTED: 02/11/2015
CENTER	<u>S FOR MEDICARE &</u>	MEDICAID SERVICES			
	OF DEFICIENCIES FOORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	ULTIPLE CONSTRUCTION LDING	(X3) DATE SURVEY COMPLETED
		445408	B. WIN	··G	01/28/2015
NAME OF P	ROVIDER OR SUPPLIER		 _!	STREET ADDRESS, CITY, STATE, 2	IP CODE
a-yados	AISY HEALTH CARE CE	ENTER		701 SEQUOYAH ROAD SODDY-DAISY, TN 37379	
(X4) IO PREFIX TAG	(£ACH DEFICIENC	YATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)		FIX (EACH CORRECTIVE.	TO THE APPROPRIATE DATE
		TO SET . The same of the same		The Director of M report results of concentration of measurements for 3 months and its to the Quality Performance Impromeeting for 3 months compliance is achieved of the committee in Director, Director Administrator and Director of Nursing Development, Social Dietary Manager, Activity Director, and Unit Mangers	ompliance with eans of egress ity Assurance ovement oths or until ieved. Members include Medical of Nursing, Assistant ig, Staff ital Services, Rehab Manager, Environmental
FORM CMS-25	– E7(02-86) Previous Versions Ot	osql=t≤ Event ID;X:		F≥=\$6y (O: TN3315	If Continuation wheet Pena 3 ni 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION— (X1) PROVIDER/SUPPLIER/CLIA
DENTIFIGATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A BUILDING 01 - MAIN BUILDING 01 COMPLETED 445408 B. WING 04/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY HEALTH CARE CENTER SODDY-DAISY, TN 37379 SUMMARY STATEMENT OF DEFICIENCIES (X4)(0)PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 052 Continued From page 1 K052 K 052 1.) The Director of Maintenance contacted Simplex on April 27th, 2015, to This STANDARD is not met as evidenced by: correct the identified audible Based on observation, the facility failed to devices. Simplex came to the maintain all components of the fire alarm system. facility and corrected the identified audible devices on The findings include: May 5, 2015. Observation 4/27/15 at 10:00 AM revealed during 2.) The Maintenance Director the testing of the fire alarm, the audible devices audited all of the fire alarm were not working by room 127, 224, and 227. audio devices throughout the facility to determine their This finding was verified and acknowledged by compliance on April 28, 2015. the administrator during the survey and exit 3.) The Maintenance Director conference on 4/27/15. was in-serviced by the NFPA 72 4-3 Administrator on maintaining NFPA 101 LIFE SAFETY CODE STANDARD K 056 K 056 all components of the fire -SSED1 If there is an automatic sprinkler system, it is alarm system on April 28th installed in accordance with NFPA 13, Standard 2015. for the Installation of Sprinkler Systems, to The preventative maintenance provide complete coverage for all portions of the program will include auditing building. The system is properly maintained in fire alarm audio devisees to accordance with NFPA 25, Standard for the ensure that they are in Inspection, Testing, and Maintenance of compliance. Water-Based Fire Protection Systems. It is fully 4.) Audits of the preventative supervised. There is a reliable, adequate water maintenance program, which supply for the system. Required sprinkler include testing the fire alarm systems are equipped with water flow and tamper system to ensure the audio switches, which are electrically connected to the devices work correctly, will be building fire alarm system. 19.3.5 performed by the Maintenance Director weekly time 2 weeks and then monthly times 3 months and/or until 100% This STANDARD is not met as evidenced by: compliance. Based on observation, the facility failed to FORM CMS-2567(02-99) Previous Versions Obsolete Fuant ID-W48K91 Facility ID: TN3315

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445408	B. WING		01/28/2015
NAME OF PROVIDER OR SUPPLIÉR SODDY-DAISY HEALTH CARE CÉ	NTER	•	STREET ADDRESS, CITY, STATE, ZIP CO 701 SEQUOYAH ROAD SODDY-DAISY, TN 37379	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	IO PREF TAG		N SHOULD BE COMPLETION DATE
			The Director of Main will report results of audio device audits to Quality Assurance Performance Improve meeting for 3 months compliance is achieve Members of the comminclude Medical Director of Nursing, Administrator and As Director of Nursing, Spevelopment, Social Dietary Manager, Rel Manager, Activity Director on Manager, Activity	fire alarm of the ement for until ed, mittee ctor, esistant Staff Services, hab rector,
			Mangers.	
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FORM CMS-2567(02-99) Previous Versions Ob	Doglete Event ID: X		Facility ID: TN3315	If continuation sheet Page 3 of

DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/30/2015 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION---(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445408 B. WING 04/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY HEALTH CARE CENTER SODDY-DAISY, TN 37379 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PRÉFIX (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) 1.) The Maintenance Director K 056 i Continued From page 2 K 056 contacted Chattanooga Fire provide sprinkler protection in all rooms or Protection on April 27th, 2015, spaces. to come to the facility to ensure the mechanical The findings include: equipment room had sprinkler Observation on 4/27/15 at 9:25 AM revealed the protection. Chattanooga Fire outside mechanical equipment room is not Protection came to the facility provided with sprinkler protection. and installed a sprinkler head in the mechanical equipment This finding was verified and acknowledged by room on May 5, 2015. the administrator during the survey and exit 2.) The Maintenance Director conference on 4/27/15 Reference: S&C-13-55-LSC audited the entire facility for K 130 ! sprinkler protection to NPPA 101 MISCELLANEOUS K 130 determine compliance on April SS=E OTHER LSC DEFICIENCY NOT ON 2786 28, 2015. 3.) The Maintenance Director was in-serviced by the administrator on providing ---sprinkler coverage in all rooms This STANDARD is not met as evidenced by: or spaces in the facility on Based on observation, the facility failed to protect April 28, 2015. The all openings in fire rated assemblies. preventative maintenance program will include auditing The findings include: rooms to ensure there in Observation on 4/27/15 between 8:00 AM and compliance with sprinkler 9:30 AM revealed the following locations had protection. unsealed penetrations in fire rated assemblies: 4.) Audits of the preventative The fire/smoke barrier in the attic by room maintenance program, which 205 has an unsealed penetration. include sprinkler protection. The 1 hour fire rated ceiling in dietary at the will be performed by the dishwasher is damaged. Maintenance Director daily The 1 hour fire rated ceiling in the eye wash time 5 days and then weekly closet in laundry has an unsealed penetration. times 3 weeks and then The 1 hour fire rated ceiling in the electrical/generator transfer switch room in the monthly times 2 months service half has unsealed penetrations around the and/or until 100% compliance.

P. 012 DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 04/30/2018 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN-OF-CORRECTION— (X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING 01 - MAIN BUILDING 01 COMPLETED 445408 04/27/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOYAH ROAD SODDY-DAISY HEALTH CARE CENTER SODDY-DAISY, TN 37379 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DATE DEFICIENCY) K 130 Continued From page 4 4.) Audits of the preventative K 130 meet one of the following conditions: maintenance program, which a. It shall be made on either side of the fire include penetrations, will be performed by the Maintenance b. It shall be made by an approved device that Director daily time 5 days and is designed for the specific purpose. then weekly times 3 weeks and then monthly times 2 months and/or until 100% compliance. The Director of Maintenance will report results of penetration audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director. Director of Nursing, Administrator and Assistant Director of Nursing, Staff

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Development, Social Services. Dietary Manager, Rehab Manager, Activity Director,

and Environmental.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/30/2015 FORM APPROVED OMB NO. 0938-0391

AND PLAN C	F CORRECTION———	(X1) PROVIDER/SUPPLIER/CLIA 			LE CONSTRUCTION		E SURVEY
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		445 408	B. WING			04	27/2015
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	<u>'</u>	9	STREET ADDRESS, CITY, STATE, 2IP CODE	1 04	2112010
PODDY I	2410051111144				701 SEQUOYAH ROAD		
200014-1	DAISY HEALTH CARE	CENTER			SODDY-DAISY, TN 37379		
(X4) (D	SUMMADVETA	TELECUT OF DESIGNATION		_			,
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	I ID	Y	PROVIDER'S PLAN OF CORRECTION SHOUL		(X5) COMPLETION
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROX		DATE
<u></u>					DEFIGIENCY)		
			[!
K 130	Continued From pa	ge 3	K 1	130	1) The Maintanana Divasco		
		hat around penetrating			i volume manifement director		
	through the ceiling.	···· -·· -·· porrodating	į		did the following things to		
			}		resolve the outstanding items		
:	These findings wer	e verified and acknowledged	ļ		(1) applied fire caulk to the		ļ
	by the administrato	r during the survey and exit	İ		penetration in the attic by		
	conference on 4/27	715.]		room 205, (2) repaired the		!
	NFPA 101 8.2.3.2.4	J.2*			ceiling in dietary, (3)		!
	Pipes, conduits, bu	s ducts, cables, wires, air			contacted Chattanooga Fire		ł
	ducts, pneumatic to	ibes and ducts, and similar			Protection on April 27, 2015,		į
	building service equ	uipment that pass through fire	İ		to address the unscaled		
	barriers shall be pro	otected as follows:	İ		penetration in the laundry eye	:	
	(1) The space bet	veen the penetrating item and			wash station room.		
	the tire partier shall	meet one of the following	Ì		Chattanooga Fire Protection		į
	conditions:				correct the penetration on Ma	**	İ
	a. It shall be filled	with a material that is capable			5, 2015, (4) applied fire caulk	y	1
	or maintaining the r barrier.	ire resistance of the fire	1		around the electrical conduits	•	1
		ofed breen assured as t					i
	Lithat-io-decimad-for	ected by an approved device	1		2.) The Maintenance Director		
· 1 ·	(2) Where the nen	the specific purpese.	 	- 17	======================================		<u> </u>
	penetrate the fire b	arrier, the sleeve shall be			all openings to ensure they me	et.	
	solidiv set in the fire	barrier, and the space	i		fire NFPA 101 8.2.3.2.4.2 to		}
	between the item a	nd the sleeve shall meet one			determine compliance on Apr	īl	1
	of the following con	ditions:	Ì		28, 2015.		}
	a. It shall be filled	with a material that is capable	i		3.) The Maintenance Director		
ļ	of maintaining the f	ire resistance of the fire	1		was in-serviced by the		1
	barrier.		Ì		administrator on NFPA 101		1
	 b. It shall be prote 	ected by an approved device			8.2.3.2.4.2 on April 28, 2015.		•
	that is designed for	the specific purpose.	İ		The preventative maintenance		
	(3) * Insulation and	d coverings for pipes and ducts			program will include auditing		
	, shaii not pass throι	igh the fire barrier unless one			rooms to ensure there in		-
	of the following con	ditions is met:	ĺ		compliance with penetrations.		i
	a. The material st	tall be capable of maintaining			I I accompany		į
	the fire resistance						
	 The material st 	nall be protected by an]				
		at is designed for the specific					į.
	purpose.		İ]
	(4) vynere designs	take transmission of vibration	!				
		any vibration isolation shall	<u> </u>		1		(
ORM CMS-25	567(02-99) Previous Versions	Obsolete Event ID: W48K	21	E	acilibu ID: TN3316		

A45498 8. WING STREET ADDRESS, CITY, STATE, ZIP CODE 701 SEQUOVAR ROAD SODDY-DAISY HEALTH CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY NUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORNATION) The Director of Maintenance will report results of sprinkler coverage audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Activity Director,	ATEMENT OF OU	SEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		LTIPLE CONSTRUCTION	(EX)	<u>IO. 0938-039</u> TE SURVEY APLETED
STREET ADDRESS, CITY, STATE, ZIP CODE TOI SEQUOYAH ROAD SODDY-DAISY HEALTH CARE CENTER CAS ID PRETIX SAUMMARY STATEMENT OF DEFICIENCIES DEACH DEFICIENCY PREFIX REGULATORY OR USC IDENTIFYING INFORMATION	21 441 01 90		,	A. BUIL	DING	601	AT EC120
CAS ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY NIUST BE PRECEDED BY FULL REQUIRED TO MERCITAL PROPERTIES PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE DO TO THE APPROPRIATE DEFICIENCY) CROSS-REFERENCE DO TO THE APPROPRIATE DEFICIENCY The Director of Maintenance will report results of sprinkler coverage audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.			445408	B, WING	3	o	1/28/2015
SODDY-DAISY HEALTH CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY NUST BE PRECEDED BY FULL TAG (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The Director of Maintenance will report results of sprinkler coverage audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.	AME OF PROVI	10ER OR SUPPLIER			STREET ADDRESS, CITY, STAYE, ZII	PCODE	· ^
SODDY-DAISY, TR. 37378	ODDY-DAIS	Y HEALTH CARE C	ENTER		·		
REGULATORY OR LSC IDENTIFYING INFORMATION) The Director of Maintenance will report results of sprinkler coverage audits to the Quality Assurance Performance Improvement meeting for 3 months or until compliance is achieved. Members of the committee include Medical Director, Director of Nursing, Administrator and Assistant Director of Nursing, Staff Development, Social Services, Dietary Manager, Rehab Manager, Activity Director, and Environmental.							<u> </u>
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					will report results coverage audits to Assurance Perfor Improvement me- months or until co achieved. Memb committee includ Director, Director Administrator and Director of Nursi Development, So Dietary Manager Manager, Activity and Environment	of sprinkler to the Quality mance eting for 3 compliance is ers of the de Medical r of Nursing, d Assistant ng, Staff coial Services, Rehab y Director, al.	5-27-15
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